



200101250040  
Skagit County Auditor

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Return Address:

NORTHWEST HEAVY EQUIPMENT REPAIR, INC.

4348 PACIFIC HIGHWAY

BELLINGHAM, WA 98226

## **CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
Grantor(s) (Owner): (1) <u>MICHAEL MUNSON</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>NORTHWEST HEAVY EQUIPMENT</u> (2) <u>REPAIR, INC.</u>	_____	Add'l. on pg _____
Legal Description (abbreviated): <u>28249 LAKE CAVANAUGH RD. MT. VERNON, WA</u> Add'l. legal desc on pg _____		
Assessor's Property Tax Parcel /Account # <u>P18226 ACCT#3305-23-0-002-0007</u>		

NORTHWEST HEAVY EQUIPMENT  
REPAIR, INC.

Claimant

vs.

ALAN HOVENDEN

Name of person indebted to Claimant:

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW.  
In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: NORTHWEST HEAVY EQUIPMENT REPAIR, INC.  
TELEPHONE NUMBER: (360) 676-9331 ADDRESS: 4248 PACIFIC HIGHWAY  
BELLINGHAM, WA 98226
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES,  
SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS  
BECAME DUE: 12-18-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ALAN HOVENDEN
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other  
information that will reasonably describe the property) 3.9 ACRES AT 28249 LAKE CAVANAUGH RD.  
MT. VERNON, WA 98274
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): MICHAEL MUNSON  
12920 78TH PLACE SE TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: 12920 78TH PLACE SE SNOHOMISH, WA 98290
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED;  
CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS  
FURNISHED: 1-25-01

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 7000.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

*Linda L. Glen*

Claimant

LINDA L. GLEN/NW HEAVY EQUIP. REPAIR, INC

Print or Type Name

4348 PACIFIC HIGHWAY

Address

BELLINGHAM, WA 98226

(360) 676-9331

Telephone Number

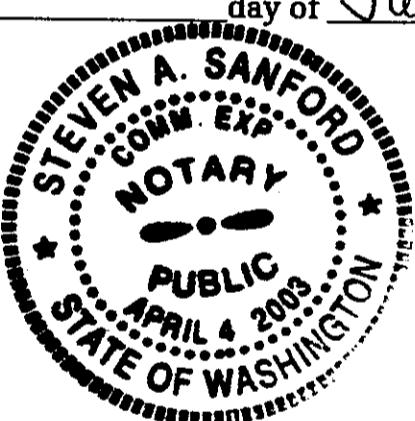
STATE OF WASHINGTON

County of Whatcom }  
County of Linda L. Glen } ss.

, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Date this 24th day of January

.2001



Print Name Steven A. Sanford

Notary Public in and for the State of Washington

My appointment expires: April 4th 2003

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



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